

**TRANSMITTAL LETTER**

Docket No. G0008/7012

Applicant: George P. Moromisato, Gregory S. Klabish, Jerry J. Shekhel, Pamela J. Taylor-Paris, Mark R. Szamrej, Raymond E. Ozzie, Eric M. Patey and Patrick M. Halvorsen  
Serial No: 10/656,904  
Filed: September 5, 2003  
For: METHOD AND APPARATUS FOR PROVIDING ATTRIBUTES OF A COLLABORATION SYSTEM IN AN OPERATING SYSTEM FOLDER-BASED FILE SYSTEM  
Examiner: Not Yet Assigned  
Art Unit: 2142

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Enclosures**

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|---|--|
| <input type="checkbox"/> Affidavit under 37 C.F.R. 1.131  | <input type="checkbox"/> Request for Corrected Filing Receipt                  |
| <input type="checkbox"/> Assignment Papers                | <input type="checkbox"/> Copy of Original Filing Receipt                       |
| <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Request for Continued Examination                     |
| <input type="checkbox"/> Declaration/Power of Attorney    | <input type="checkbox"/> Request for Reconsideration                           |
| <input type="checkbox"/> Extension of Time Request        | <input type="checkbox"/> Request for Refund                                    |
| <input type="checkbox"/> Fee Transmittal Form             | <input type="checkbox"/> Response to Missing Parts                             |
| <input type="checkbox"/> Invention Disclosure Document    | <input checked="" type="checkbox"/> Return Receipt Postcard                    |
| <input type="checkbox"/> Notice of Appeal                 | <input type="checkbox"/> Sheets Formal Drawing(s)                              |
| <input type="checkbox"/> Petition for                     | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Power of Attorney Form           | <input type="checkbox"/> Terminal Disclaimer                                   |
| <input type="checkbox"/> Request for Certified Copies     | <input checked="" type="checkbox"/> Other: Supplemental Application Data Sheet |

Date: 12/15/03

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## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification:: 709  
Suggested Group Art Unit:: 2152  
CD-ROM or CD-R?: None  
Title:: METHOD AND APPARATUS FOR PROVIDING  
ATTRIBUTES OF A COLLABORATION SYSTEM IN AN  
OPERATING SYSTEM FOLDER-BASED FILE SYSTEM  
Attorney Docket Number:: G0008/7012  
Request for Early Publication?: No  
Request for Non-Publication?: Yes  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 15  
Small Entity:: Yes  
Petition Included?: No  
Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: George  
Middle Name:: P.  
Family Name:: Moromisato  
City of Residence:: Cambridge  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 4 Chester Street, Unit C  
City of Mailing Address:: Cambridge

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 02140

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Gregory

Middle Name:: S.

Family Name:: Klabish

City of Residence:: Malden

State or Province of Residence:: Massachusetts

Country of Residence:: USA

Street of Mailing Address:: 500 Broadway, Apt. #4123

City of Mailing Address:: Malden

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 02148

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Jerry

Middle Name:: J.

Family Name:: Shekhel

City of Residence:: Swampscott

State or Province of Residence:: Massachusetts

Country of Residence:: USA

Street of Mailing Address:: 35 Highland Street

City of Mailing Address:: Swampscott

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 01907

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Pamela  
Middle Name:: J.  
Family Name:: Taylor-Paris  
City of Residence:: Upton  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 14 Plumbley Road  
City of Mailing Address:: Upton  
State or Province of Mailing Address:: Massachusetts  
Postal or Zip Code of Mailing Address:: 01568

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: R.  
Family Name:: Szamrej  
City of Residence:: Westford  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 45 Village View Road  
City of Mailing Address:: Westford  
State or Province of Mailing Address:: Massachusetts  
Postal or Zip Code of Mailing Address:: 01886

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity

Given Name:: Raymond  
Middle Name:: E.  
Family Name:: Ozzie  
City of Residence:: Manchester  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 50 Harbor Street  
City of Mailing Address:: Manchester  
State or Province of Mailing Address:: Massachusetts  
Postal or Zip Code of Mailing Address:: 01944

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Eric  
Middle Name:: M.  
Family Name:: Patey  
City of Residence:: Rockport  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 3 Boulder Top  
City of Mailing Address:: Rockport  
State or Province of Mailing Address:: Massachusetts  
Postal or Zip Code of Mailing Address:: 01966

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Patrick  
Middle Name:: M.  
Family Name:: Halvorsen

City of Residence:: Andover  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 23 Stinson Road  
City of Mailing Address:: Andover  
State or Province of Mailing Address:: Massachusetts  
Postal or Zip Code of Mailing Address:: 01810

### **Correspondence Information**

Correspondence Customer Number:: 021127  
Phone Number:: (617) 367-4600  
Fax Number:: (617) 367-4656  
E-Mail Address:: pkudirka@kjpat.com

### **Representative Information**

Representative Customer Number::	021127
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### **Assignee Information**

Assignee Name:: Groove Networks, Inc.  
Street of Mailing Address:: 100 Cummings Center, Suite 535Q  
City of Mailing Address:: Beverly  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01915